

Joint Appraisal Update report 2019

Country	ERITREA
Full JA or JA update¹	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	Partner Consensus Meeting held 26 September, 2019; Location: National Confederation of Eritrean Workers Conference Hall
Participants / affiliation²	<ol style="list-style-type: none"> 1. Dr. Goitom Mebrahtu GAVI HSS Focal Person 2. Mr. Tedros Yehdego EPI Manager 3. Dr. Eyob Tekle, PMU Director 4. Mr. Tewelde Yohannes P&P Director 5. Mr. Robel Zekurustor GAVI HSS Grant Officer 6. Haddish Tesfamariam EPI logistic Officer 7. Dr. Hussain Mostafa UNICEF Child Health Specialist 8. Dr. Geoffrey Acaye UNICEF Chief of CH & D 9. Mr. Tzeggai Kidanemaraim WHO EPI Focal Point 10. Mrs. Azmera Gebreslassie WHO Data Manager 11. Vichitra Laksananan UNICEF Logistic Expert 12. Lolem Ngong GAVI SCM
Reporting period	July 2018 – June 2019
Fiscal period³	January – December 2019
Comprehensive Multi Year Plan (cMYP) duration	2017-2021
Gavi transition / co-financing group	Initial self-financing

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Does the vaccine renewal request include a switch request?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
HSS renewal request	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

2. GAVI GRANT PORTFOLIO

Existing vaccine support

Introduced / Campaign	Date	2017 Coverage (WUENIC) by dose	2018 Target		Approx. Value \$	Comment
			%	Children		
DPT-HepB	2002	NA	NA	NA	2,312,677	Not relevant for 2018
DPT-HepB-Hib	1/6/2008	Penta3 – 95%	95%	103,875	7,728,140	
Measles	1/7/2012	MCV1 – 99%	90%	92,941	284,024	
Rota	14/08/2014	Rota (last) – 96%	95%	109,342	2,288,951	
PCV-13	1/8/2015	PCV3 95%	95%	109,342	6,565,405	
MR	14/12/2018	NA	95%	1,562,025	1,366,532	PCS uploaded
IPV	31/08/2018	IPV -29%	95%	103,875	381,055	

Existing financial support

Grant	Channel	Period	First disbursement	Cumulative financing status @ June 2018				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
CCEOP	Gov.	2018	NA	970,534	970,534	967,137	100%	Gov	2018
HSS 1	Gov.	2008-2015	NA	2,778,000	2,778,000	2,778,000	100%	Gov	2008-2015
HSS 2	Gov.	2016-2021	NA	12,000,002	4,800,148	4,609,522	70%	Gov	2016-2021
Comments									

Indicative interest to introduce new vaccines or request Health System Strengthening

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
		Introduction of Men-A Vaccine into routine immunization	2019
	Introduction of Human Papilloma Vaccine (HPV)	2020	2020
	Introduction of Hep-B Vaccine birth dose (depending on updated list of approved Gavi supported vaccines)	2020	2021

Grant Performance Framework – latest reporting, for period 2018

Intermediate results indicator	Target	Actual
Percent of HF equipped with photovoltaic solar systems	82%	80%
Percent of HF submitting AEFI reports monthly, including zero reports	65%	97%
Percent of health facilities with adequate storage capacity of vaccines	80%	97%
Percent of health facilities with stock-out of vaccines	0	0
% of HF using standard data collection tools	100%	100%
Retention of community health workers	94%	NA
Percent of CHWs who are multi-skilled and working according to community health strategy guidelines	100%	NA
Percent of HF with at least 2 EPI health workers that received refresher training	100%	95%
Comments		

PEF Targeted Country Assistance: Core and Expanded Partners at September 2019

	Year	Funding (US\$m)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util. of approved			
TOTAL	2018	630,211	630,211	100%	1/1	30/31	
CORE	2019	596,594	447,446	13%	1/1	8/10	
UNICEF	2018	313,848	313,848	100%	1/1	18/18	One milestone with minor delays
	2019	310,797	233,098	24%	1/1	4/5	
WHO	2018	316,363	316,363	99%	0/0	12/13	Two milestones reprogrammed
	2019	285,797	214,348	1%	0/0	4/5	
TOTAL	2018	NA	NA	NA	NA	NA	NA
EXPAND	2019	NA	NA	NA	NA	NA	NA

3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	Enhance equitable access to quality EPI/VPD and other priority health services by communities so as to increase their uptake of EPI/VPD and other priority health services.
Priority geographies / population groups or constraints to C&E addressed by the objective	<p>In Objective 1: The GAVI HSS grant of the population groups addressed were mostly health workers at different levels of the health facilities and community members especially those who are living in hard to reach areas/localities for timely uptake of the vaccine doses and increase immunization coverage based on the vaccination calendar.</p> <p>Moreover, health workers in health facilities which include Hospitals, Health Centres, Health Stations, Health posts and sites in hard to reach areas were also targeted for capacity building.</p> <p>In addition, gaps in storage capacity were identified, obsolete CCE equipment was replaced and installed based on the Operational Deployment Plan (ODP) using funds obtained through the approved Cold Chain Equipment Optimization Platform (CCEOP).</p>
% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was \$682,225.06. Out of the \$682,225.06 the actual utilization is \$533,225.06 which accounts about 86.9% of the total.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>Major activities implemented include:</p> <ul style="list-style-type: none"> • 65 Health workers trained on Maternal and Child Health Care using the RED/REC approach. • Integrated outreach services implemented in package form. Immunization service were also provided in hard to reach populations by hiring a rental boat/animals. • 900 CHWs provided with monthly incentives. • 416 HWs trained on Health Care Waste Management • 350 HWs trained on patient safety and AEFI Surveillance • 2 mobile radiographic machines procured • Supportive supervision conducted in all 6 zobas using Open Data kit (ODK) application <p>Key outcomes/outputs;</p> <ul style="list-style-type: none"> • Improved access and timely uptake of vaccine doses in routine EPI services targeted hard to reach communities

	<ul style="list-style-type: none"> Improved services and competent management of VPD/AEFI, patient safety and timely and complete reporting system at facility level insured in most of the health facilities. HWs monitored and EPI related problems were identified and solved accordingly to improve quality of the service. Minimized missed opportunities of capturing information on AEFI events at community level. <i>Print 200 patient safety policy guideline (In progress)</i> <p>Activities not implemented or delayed;</p> <ul style="list-style-type: none"> Procurement of 1 all-weather all-terrain vehicle (Re-programmed) Power Generators for audio visual equipment (Re-programmed) Procurement of fixed solar lighting units and mobile solar lamps (procurement on progress)
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁴)</p>	<ul style="list-style-type: none"> Procurement of 75 dry sealed batteries for solar refrigerators by reprogramming the budget of 1 all-weather all-terrain vehicle.
<p>Objective 2:</p>	
<p>Objective of the HSS grant (as per the HSS proposal or PSR)</p>	<p>Strengthen the logistics and supply chain management system to improve the efficiency of distribution, storage and stock management of EPI/VPD and other essential medical commodities in the country.</p>
<p>Priority geographies / population groups or constraints to C&E addressed by the objective</p>	<p>In the Objective 2: The HSS grant of the population groups addressed were Middle Level Managers (MLM) and Biomedical Technicians who deal with maintenance of cold chain equipment. Beside to this, health facilities heads including hospitals, health centres, health stations, health posts which carried out EPI Services were also targeted.</p>
<p>% activities conducted / budget utilisation</p>	<p>The Budget allocated to fulfil this strategic objective was \$530,613. Out of the \$530,613, the actual utilization is \$300,613 which accounts about 56.7% of the total.</p>
<p>Major activities implemented & Review of implementation progress</p>	<p>Major activities implemented includes:</p> <ul style="list-style-type: none"> 18 SDD Fridges Procured

<p>including key successes & outcomes / activities not implemented or delayed / financial absorption</p>	<ul style="list-style-type: none"> 79 sealed solar batteries procured 25 Biomedical technicians trained on basic cold chain maintenance techniques <p>Key outputs/outcomes:</p> <ul style="list-style-type: none"> Improved Effective Vaccine Management (EVM) at Sub National and District level Improved EVM and sustained cold chain management system at district level. Conducted MLMs training and enhanced skills on vaccine, cold chain and other medical commodity stock management <p>Activities not implemented or delayed;</p> <ul style="list-style-type: none"> Upgrading of the cold chain vaccine storage capacity by purchasing 2 cold rooms (will be procured through UNICEF). This was planned to be procured through UNICEF by transferring the allocated budget from GAVI to UNICEF SD Construction of a dry store for EPI commodities (in progress). This under commitment for construction.
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁴)</p>	<ul style="list-style-type: none"> Procurement of one walk-in cold room. Construction of EPI dry stores at sub national level in SRS & NRS is on progress. Dry store for national is still pending. Using the money for rental is not sustainable solution. It is better to have our own building.
<p>Objective 3:</p>	
<p>Objective of the HSS grant (as per the HSS proposal or PSR)</p>	<p>Strengthen generation and utilization of strategic health information (HMIS, IDSR & M&E/Surveys) on EPI/VPD and other health services for responsive management of these services at all levels of the country's health system.</p>
<p>Priority geographies / population groups or constraints to C&E addressed by the objective</p>	<p>In the Objective 3: The HSS grant of the population groups targeted were mostly Program Managers, Zonal Management Teams, Health Workers and Data Managers; as well as health workers in Hospitals, Health Centres, Health Stations, and Health posts were also targeted.</p>
<p>% activities conducted / budget utilisation</p>	<p>The budget allocated to fulfil this Strategic Objective was \$303,079. Out of the \$303,079 the actual utilization is \$228,079 which accounts about 75.3% of the total.</p>
<p>Major activities implemented & Review of implementation progress</p>	<p>Major activities implemented includes;</p>

<p>including key successes & outcomes / activities not implemented or delayed / financial absorption</p>	<ul style="list-style-type: none"> • 600 HWs trained on Immunization In Practice (IIP) modular training • EPI/IDSR/HMIS Integrated supervision conducted • 300 HWs trained on IDSR modular training • 25 HMIS and M&E Officers trained in data quality management. <p>Key outputs/ outcomes:</p> <ul style="list-style-type: none"> • Monitoring of EPI and other health programs improved, allowing for timely completion of data reports for the purpose of decision making and strengthening interventions. <p>Activities not implemented or delayed;</p> <ul style="list-style-type: none"> • Conduct EPI Coverage survey - planned for the 1st quarter 2020
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁴)</p>	<ul style="list-style-type: none"> • Technical assistance will be needed for EPI coverage and Men-A post campaign coverage survey. Recruitment of one consultant for 2 weeks is requested to WHO CO and is on progress.
<p>Objective 4:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>Improve community demand and uptake of quality EPI/VPD and other priority health services so as to improve EPI services and other health outcomes of the country.</p>
<p>Priority geographies/population groups or constraints to C&E addressed by the objective</p>	<p>In the Objective 4: The HSS grant of the population groups targeted were mostly health workers, community health workers and general population. Besides, public health facilities including hospitals, health centres, health stations, and health posts were also targeted.</p>
<p>% activities conducted / budget utilisation</p>	<p>The Budget allocated to fulfil this Strategic Objective was \$362,356. Out of the \$362,356, the actual utilization is \$250,121.30 which accounts about 69% of the total.</p>
<p>Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption</p>	<p>Major activities implemented includes;</p> <ul style="list-style-type: none"> • Communities living in 30 sub zones out of the 58 were sensitized on community participation on health services • 400 CHWs trained to be multi-skilled • TV and Radio spots developed and broadcasted.

	<ul style="list-style-type: none"> Regular mentorship in 58 sub zones <p>Key outputs/outcomes:</p> <ul style="list-style-type: none"> Sensitized community members on adopting positive attitudes towards ownership of health intervention Integrated service delivery at community level improved <p>Activities not implemented or delayed:</p> <ul style="list-style-type: none"> Equip CHWs with requisite work tools for integrated service delivery Do a survey to assess CHWs performance Design a training package for making CHWs multi-skilled for delivery of integrated priority health services
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁵)</p>	<ul style="list-style-type: none"> Do a survey to assess CHWs performance. Equip CHWs with requisite works tools implementation on progress Design a training package for making CHWs multi-skilled for delivery of integrated priority health services is on progress
<p>Objective 5:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>Strengthen the HRD capacity of MOH so as to sustain production and retention of quality health professionals that can propel the performance of the country's health system at all levels.</p>
<p>Priority geographies/population groups or constraints to C&E addressed by the objective</p>	<p>In the Objective 5: The HSS grant of the population groups targeted mostly high level health professionals, mid-level health professionals, receptors, and health training institutions</p>
<p>% activities conducted / budget utilisation</p>	<p>The Budget allocated to fulfil this Strategic Objective was \$289,976. Out of the \$289,976, the actual utilization is \$118,476 which accounts about 40.8% of the total.</p>
<p>Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption</p>	<p>Major activities implemented includes;</p> <ul style="list-style-type: none"> 450 HWs trained on EPI refresher training Ministry of Health distance education center equipped with IT Equipment <p>Key outputs/ outcomes:</p>

	<ul style="list-style-type: none"> Newly qualified health professionals adequately skilled in up to date principles and practices on immunization and VPDI Strengthened MOH Distance learning center <p>Activities not implemented or delayed;</p> <ul style="list-style-type: none"> Train 4 health professionals to Doctorate level (reprogramed) Train 8 health professionals to Masters level (reprogramed)
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁶)</p>	<p>None. Funds were reprogrammed toward strengthening of tertiary training institutions which target middle level health workers who will work to boost immunization activities at the lowest service level.</p>
<p>Objective 6:</p>	
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>Strengthen the health system leadership and governance to improve synergy and harmony of program management for delivery of quality EPI/VPD and other priority health services at all levels.</p>
<p>Priority geographies/population groups or constraints to C&E addressed by the objective</p>	<p>In the Objective 6: The HSS grant of the population groups addressed were mostly Middle Level Managers (MLM), Program Managers and Hospital Managers, as well as health facility staff.</p>
<p>% activities conducted / budget utilisation</p>	<p>The Budget allocated to fulfil this Strategic Objective was \$300,394. Out of the \$300,394, the actual utilization is \$227,638.6 which accounts about 75.8% of the total.</p>
<p>Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption</p>	<p>Major activities implemented include:</p> <ul style="list-style-type: none"> 27 out of 58 sub zones conducted quality annual operational plans 60 out of 200 senior health program managers trained in the principles of and practice of Quality Assurance (QA) 40 MLM trained on planning 23 sub zoba health management offices established Different office furniture procured <p>Key outputs/outcomes:</p>

	<ul style="list-style-type: none"> Hands-on skills and management training to MLMs for better planning, budgeting and coordination at district level <p>Activities not implemented or delayed;</p> <ul style="list-style-type: none"> Create health partners' coordination forum (HPCF) for program managers for regular coordination and harmonization on programs (every four months - April, August & December) at HQ level. Conduct a five day training for MOH Program managers
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance⁷)</p>	None

Routine immunization service in Eritrea is provided at each health facility 6 days per week and outreach visits are also made in areas 10kms apart from the health facility's catchment areas with less/no public transport support. To address the limited under-immunized and vaccination dropout children in areas with less access, Periodic Intensified Routine Immunization (PIRI) services was implemented in hard to reach areas and nomadic population groups with more emphasis on the Western and Eastern lowlands of the country using the GAVI HSS grants.

Districts with relatively low immunization coverage areas were also mapped and more attention has been made to address the existing barriers and bottlenecks such as the topographic nature of the region and lifestyle of the population, for example, funds were allocated and efforts were intensified to improve coverage in these areas. This enables the program to minimize vaccine dose defaulters and increase timely uptake of vaccine according to the vaccine schedule in order to sustain high immunization coverage. Through PEF TCA, UNICEF and WHO significantly contributed to mobile clinic services and implementation of Sustainable Outreach Services (SOS) in areas with less access. Using this opportunity, a comprehensive maternal and child health service package was also provided during outreach visits. In Eritrea there are community-based organizations like National Union of Eritrean Women (NUEW) and National Union of Eritrea Youth & Students (NUEYS) who actively conduct social mobilization activities especially during supplementary vaccination campaigns.

Moreover, Open Data Kit (ODK) was applied for monitoring and supervision activities for the EPI and IDSR programs to improve the EPI service and surveillance activities, and to ensure better data quality reports. At the district level data desk reviews are also conducted to verify the quality of the available data on tally sheet, reported summary report and data entered to HMIS so as to document data discrepancies, underreporting, over reporting and to design an improvement plan in the event that there are gaps on data reporting and utilization for actions at all levels.

However, to reach the unreached children in areas with less access requires more expenses and efforts using camels and going on foot to remote areas and the budget allocated for outreach services in the GAVI HSS II grant is insufficient. The budget allocated to the GAVI HSS activity code for outreach services is very limited to address the problems and to reach all eligible children with vaccination service in areas

with less access in order to ensure timely uptake of vaccines. The country has not yet received its 2018 Performance Based Funding (PBF) which may have provided opportunities to strengthen the routine immunization service especially in areas with less access and increase routine outreach services at the determined sites.

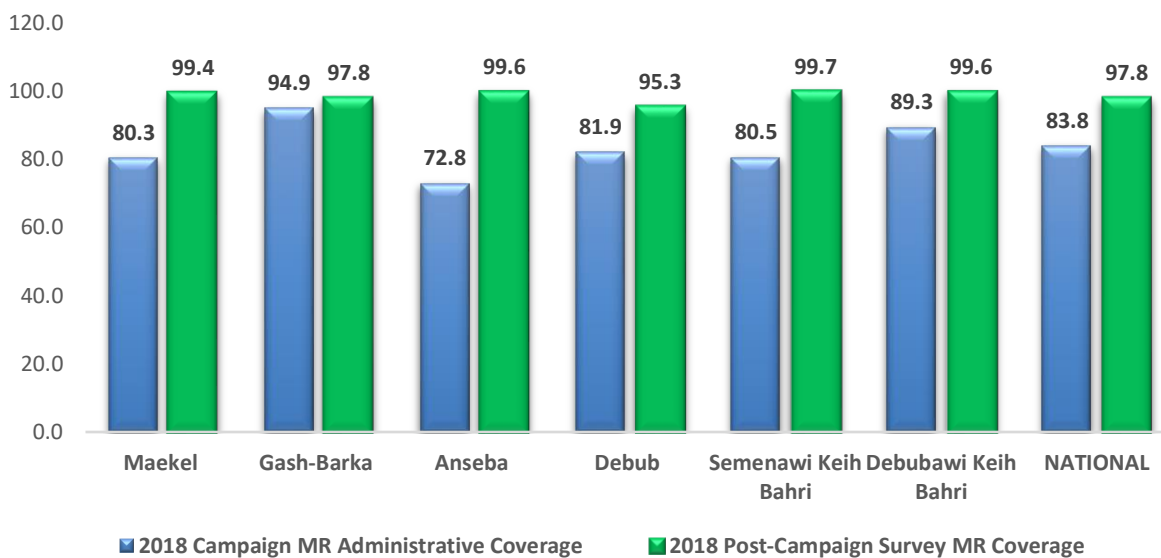
5.2 Performance of vaccine support

Eritrea is able to apply and utilize the Stock Management Tool (SMT) which had been developed by WHO as well as the Visibility for Vaccines (ViVa) by UNICEF; both enable the program to monitor the vaccine stock status, expire date, shelf life and implementation of the Early Expire First Out (FEFO) protocol. It has also indicative graphs of the available doses of each vaccine supported for a number of coming weeks based on the annual target population. To this regard, using SMT and ViVa the program is able to monitor stock out, overstock and wastages of vaccines especially at national and sub national levels. As a result, the country has never been experiencing stock out of vaccines and over stocks since all vaccines are monitored appropriately. The rate of utilization and wastage rates are also monitored comparing the absolute number of the vaccinated number of children against the utilized quantity of the vaccines.

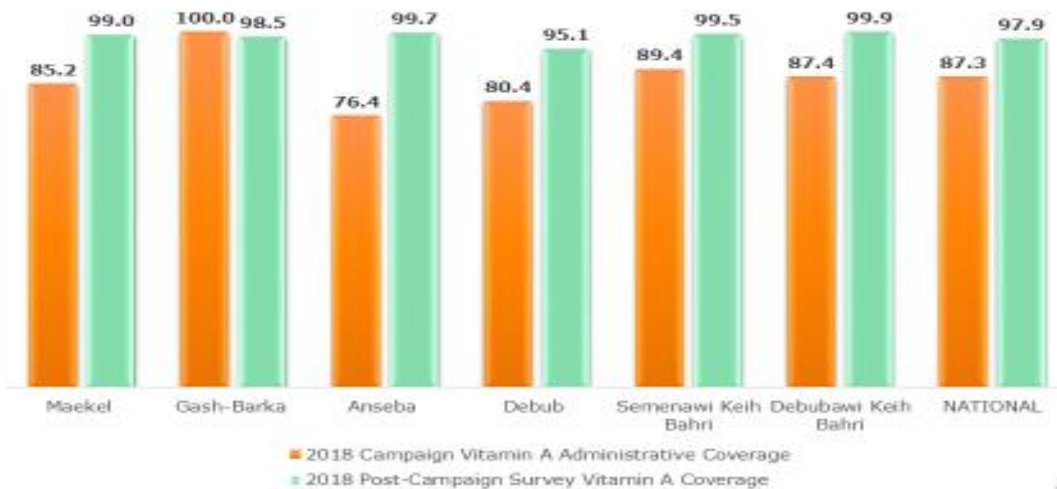
Eritrea has carried out the Measles Rubella (MR) campaign and vitamin A supplementation for children age 1-14 years and 6-59 months respectively in the Q4 of 2018 in all districts. Immediately following the campaign, the MR vaccine was introduced into routine immunization services for children at the age of 18 months. The campaign was well organized and implemented with high quality and good participation of all administrative bodies of the local government, Community Based Organizations (CBOs), UN Agencies and key community members. All immunization partners were involved and contributed financial and technical support for the campaign. The campaign achieved 97.8% coverage at national level as verified by an independent monitoring group.

As a results of this campaign, no measles and rubella outbreak has been reported this year and only limited number of measles and rubella cases (3 cases) were reported and confirmed in a few districts bordering Ethiopia and Sudan.

Figure 1: Measles Rubella (MR) Administrative Coverage Report Vs Post Campaign Coverage Survey Results at national and sub national levels.



Vitamin A Supplementation Administrative & Survey Coverage by zoba



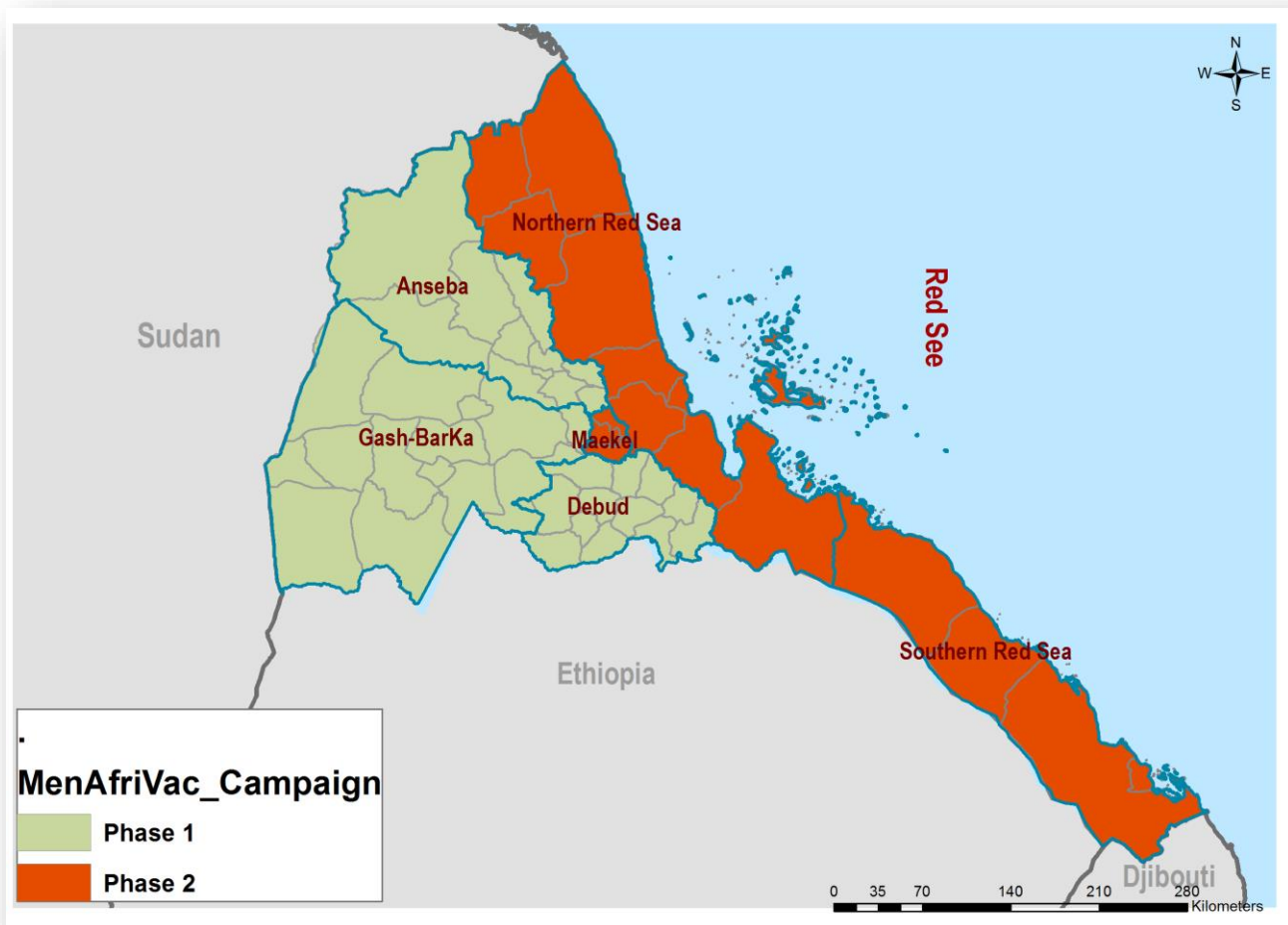
The country is also in a good progress to conduct large age group vaccination campaign against Meningitis A diseases for child and young age groups 1-29 years old and vitamin A supplementation for children age 6-59 months at national level in November and December 2019. The catch-up campaign will be implemented in two phases during the 3rd and 4th week of November and in December 2019 in Maekel, Northern and Southern Red Sea in the first phase, and in the second phase, the campaign will target Gash Barka, Anseba and Debub.

For successful implementation of the plan, so far macro planning at national level, micro planning at 63 districts was conducted and ToT was provided at national for the zonal management team members. Each district has established a task force which is responsible for the implementation of the plan in their respective Administration Kebabi. During the district micro planning, each district was able to develop a clear table for matrix which indicates the name of the Kebabi administration area, villages, schools, training centres, military camps other factors are listed, as well as the date of vaccination responsible person for the site for follow-up are determined by the task force. Field guide, Men-A campaign health promotion materials and all reporting and monitoring tools for the campaign are already developed and distribution is on progress.

At national level, sub committees (social mobilization committee, technical committee and logistic committee) are established and actively working on their respective areas. A four day work shop was carried out in Asmara Palace to finalize and come-up with the final version of the Men-A campaign field guide, tools and social mobilization materials.

Men-A vaccine and injection safety material arrived to the national on 4th October 2019.

Figure 2: Implementation Phases Men-A Catch-up Campaign, November and December, 2019



5.2. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

Eritrea was approved for the Cold Chain Equipment Optimization Platform (CCEOP) in 2018. The country has also developed Operational Deployment Plan (ODP) along with the CCEOP application based on the identified gaps to replace obsolete refrigerators and to increase net storage capacity at service level.

Based on the application and using the GAVI grant and Government Co-financing obligations for CCEOP, the country was able to procure and receive 234 CCE of which 116 Solar Direct Drive (SDD) & 118 Ice lined Refrigerators/Freezers (ILR). Based on the ODP, all the CCE are delivered and installed in their respective places and currently functional at service level. The CCE was distributed to each zoba according the distribution list on the table below:

Table 1: Distribution list of CCEOP based on the ODP

Zoba	TCW 15 GAVI	TCW 15 JICA	TCW 2043 GAVI	TCW 40 GAVI	TCW 40R GAVI
Anseba	4	4	3	6	4
Debub	10	6	5	10	12
G/Barka	5	8	4	5	6
Maekel	0	3	0	4	10
SKB	0	4	5	6	5
DKB	6	1	1	4	1
Total	25	26	18	35	38
Zoba	MF 114	MF 314	VLS 200A	VLS 300A	VLS 400A
Anseba	6	1	2	3	1
Debub	11	1	7	6	0
G/Barka	10	1	1	5	4
Maekel	11	4	5	15	5
SKB	7	1	1	2	4
DKB	2	1	0	1	0
Total	47	9	16	32	14

Eritrea is one of the pilot countries selected by UNICEF, to dismantle the electrical refrigerators of CCEOP from service bundle. The Ministry of Health has agreed to dismantle the Ice Line Refrigerator from the service bundle and the country is able to store, deliver and install those using MoH technicians on time. This helps to maintain the total quantity of CCE to be procured within the available budget.

The installation of SDD refrigerators with service bundle by the appointed local subcontractors of B-Medical System is making good progress, and the overall installation of CCE is almost complete. But, since the subcontractors have many actors, there observed some drawbacks on installation, coordination, and post installation inspection and follow-up after installation of the SDD refrigerators.

Based on the approved ODP and Purchase Order from UNICEF Supply Division in Copenhagen, the 116 SDD under CCEOP arrived in Massawa port on 2 January 2019. The SDD types were cleared by MOH and stored in the local sub-contractors or service providers' warehouse for distribution and installation. While the ILR types arrived Massawa port on 06 March 2019. The ILR types were cleared and installed by MOH technicians ahead of schedule. The total actual cost for CCE was \$1,068,118.52 (\$825,277.79 from GAVI and \$213,840.23 from GAVI HSS as Gov. co-payment). Following installation of the SDD refrigerators, a post installation inspection was done jointly by UNICEF, MoH logistic officers and solar technicians at sub national level to verify that they are appropriately installed and that all SDD refrigerators are functional at service level.

So far, post installation inspection is completed in Markel, Anseba, Gash Barka and Debub. According to the report, the installation of SDD refrigerators by subcontractors was satisfactory. The user feedback on installation, preventive maintenance training and refrigerator performance was also positive. The implementation of the SDD and ILR refrigerators through CCEOP is expected to contribute to adequate storage capacity, replacement of obsolete refrigerators and increased availability of storage at all levels. This will increase vaccines availability in all settings and ensure timely uptake of the vaccine doses and improve immunization coverage and equity. Moreover, we will have adequate storage capacity for the upcoming Men-A Campaign in November – December 2019.

Eritrea has a plan also to introduce Human Papilloma Vaccine (HPV) for girls age 9 -14 years and introduction of Men-A vaccine into routine immunization program for children at the age of 18 months in 2020. In the event that Hep-B vaccine birth dose is included in the Gavi approved list of vaccines, Eritrea will plan to apply.

5.3. Financial management performance

Before 2017, the GAVI cash support for VIG and ISS were managed by the finance division of the Ministry of Health. Later on a new separate account of Gavi grants for EPI operational activities on VIG, Vaccination Campaign and Switch Plan of vaccine formulation and presentation was opened under the Project Management Unit (PMU) and all VIG and Operation Costs for SIAs are managed separately from the GAVI HSS grant and other related funds from other sources. In 2018, the country received a total amount of USD 2,399,708.00 for GAVI HSS II (Year 2) and almost 70% of the total grant is utilized based on their activity codes. Based on the cost category and activity code of budget allocated is transferred to implementers at sub national level in which the budget is managed and monitored under PMU at the zoba level. The PMU/MOH uses **SAP** for its financial management system.

Financial Table of GAVI HSS II & Expanded Program on Immunization (EPI)

S. No.	Name of Grant	Budget & Received	Actual	Advance with Suppliers & Zoba	Utilization Rate %
1	GAVI HSS II	4,800,236.00 (Yrs I & II)	3,364,518.18	234,544.66	78
2	EPI				
2.1	PCV-13 Switch	81,440.50	80,841.27	599.23	100
2.2	MR VIG /Introduction of Rubella Vaccine/	99,964.00	89,569.59	10,394.41	100
2.3	MR Catch Up Campaign	1,015,300.00	961,874.48	41,951.70	98.5
2.4	IPV VIG /Polio Vaccine/	59,976.00	925.00	0.00	2
2.5	Men-A Catch - Up Campaign	1,825,464.00	45,382.78	56,768.17	6

The PMU has internal auditors, but they are not funded by Gavi. Up to 2017, Gavi projects were included in the internal audit, along with an overview of the financial documents. A compliance audit was conducted for Global Fund grants, and it included the Gavi HSS grant. In 2018 PMU attempted to do separate compliance audits and there were significant challenges because of insufficient staff. The internal audits will be more efficient once skilled man power is hired. The issue of additional manpower was also raised in the 2018 Programme Audit. One of the strong recommendations is for PMU to hire a Project Accountant and Internal Auditor (the draft terms of reference are included as annex as well as the overall action plan following the programme audit). Once the positions are filled, Gavi should consider funding for capacity building, training on risk management and mitigation strategies at central, PMU, and zonal levels.

In addition to hiring of additional staff for placement in the PMU, there are additional actions following the 2018 Programme Audit which are included in the Annexes. The MoH is required by Gavi to complete all actions by 5 July 2020.

5.4. Transition plan monitoring (applicable if country is in accelerated transition phase)

Eritrea is not in a GAVI accelerated transition phase.

5.5. Technical Assistance (TA) (progress on ongoing TCA plan)

- Under PEF TCA, UNICEF provides technical assistance to EPI to implement a high quality Men-A Vaccination Campaign, improving routine immunization coverage as well as ensure equity on immunization services in areas with limited access to immunization services.
- UNICEF is also providing technical assistance through its Health Officer (Logistics) to strengthen management of logistics, cold chain and other vaccine management; as well as to strengthen capacity building among EPI field staff in the 11 relatively low performing districts. The Health Officer has visited 5 low performing health facilities in 5 districts, and trained 16 EPI Focal Points on vaccine, cold chain, and logistics management system;
- Districts having less than 80% Penta-3 coverage have been identified, and out-reach services in the 11 low performing districts have been strengthened through Gavi HSS-II, Japan International Cooperation Agency (JICA) and WHO Sustainable Outreach Services (SOS) funds and CCEOP support.

- Mobility support and daily allowance are being provided to conduct out-reach and mobile clinic services to improve routine EPI coverage and to ensure immunization equity.
- UNICEF activity milestone for June 2019 has already been uploaded in the Gavi Country Portal in July 2019.

Below is the summary of the key activities those are accomplished, and in-process:

- Supportive supervision was conducted in health facilities in 5 low performing and relatively high dropout rates districts and will continue in the rest of the districts.
- 16 EPI Focal Points from nation were trained on data quality issues.
- About 50 national and provincial EPI staff were trained on the implementation of high-quality Men-A campaign, using WHO generic tools that had been tailored to the local context. The 5-day training used the opportunity to not only cover all aspects of the Men-A campaign, but also to strengthen routine immunization.
- Per WHO recommendation, two readiness assessments were planned – one assessment to be conducted 2 months prior to the campaign (completed on 1 October 2019; and included a rapid cold chain assessment), and the second one is planned for a week before the campaign. Tools for both assessments were developed and prepared in the ODK platform which will be used for data entry and analysis. The results will be displayed on a dashboard and will be used in real-time to make corrective actions.
- Child Health Specialist is working closely with EPI Manager and WHO on the pre-campaign, campaign, and post campaign planned activities.
- Cold Chain Equipment Manager training for 14 EPI staff will be conducted in January and March 2020 at the UNICEF reference training centre in India. This support under TCA will expire in June 30, 2020.
- Communication, and risk communication plan have been developed, and 45 EPI staff were trained on Men-A campaign advocacy, communication and social mobilization. Key messages were developed for leaflets, posters, banners; as well as IPC training which will be conducted for community social mobilization prior to the Men-A campaign. These social mobilization activities will also address strengthening routine immunization as well as ensure timely distribution of information. .
- So far 116 SDD, 118 ILR and 26 JICA supported SDD refrigerators of Sure-chill type replacement were distributed and installed according the ODP.
- Post installation inspections for the 120 SDD were conducted in the 4 regional and the required EPI service delivery posts and cold chain expansion has been achieved.

Amendment of the TCA activities 2019-2020

There are no plans to amend the planned TCA activities for 2019-2020.

WHO TCA

In relation to GAVI Targeted Country Assistance (TCA), WHO delivered and achieved the following targets against the given milestones:

- Training provided on Open Data Kit (ODK) and Geographic Information System (GIS) to 25 participants from EPI national and zoba level offices as well as IDSR focal persons to enhance electronic surveillance of vaccine preventable diseases including polio.
- Integrated Supportive Supervision using ODK/innovative technology conducted in Q1-Q3 of 2019 in 46 districts and 150 health facilities. Feedback was immediately provided on areas of improvement for the EPI services on vaccine and cold chain management, displaying EPI coverage and temperature monitoring charts, vaccine placement and VVM status of the vaccines.

- Modular training on IDSR with emphasis on vaccine preventable diseases (Measles Rubella AFP/polio, NNT, Rota, Meningitis, etc.) was provided to 91 health workers in Gash Barka and SRS zobas.
- Measles Rubella, AFP and Rota testing kits procured and delivered to MoH and the National Health Lab to strengthen surveillance of vaccine preventable disease activities in the country.
- As of October 2019, the country has reported 92 Measles suspected cases in which 3 of the cases were positive for measles, and the national detection rate is 2.3/100,000 (target > 2/100,000 pop)
- Supported the country to implement sustainable outreach immunization services in hard to reach areas and nomadic population groups. So far 1st round of sustainable outreach services was implemented in 14 districts in 4 zobas in areas with less access.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. Implementation of MenA Catch-up campaign age group 1-29 years	The MenA catch-up campaign implementation is on track for implementation in November-December 2019.
2. Submission of an application on MenA vaccine introduction into routine immunization service in 2020 for children at the age of 18 months.	Submitted and reviewed by IRC. EPI has already responded and further clarified questions from the IRC (included recommendation for a country wide introduction of MenA). Application is pending final Gavi approval.
3. Submission of an application on HPV vaccine introduction into routine immunization service in 2020	The program is obtaining all the relevant documents to have baseline data for the application. Eritrea will submit during the next application window.
4. Develop improvement plan to address immunization inequity based on the equity assessment results	Most of the bottlenecks to inequity such as topographic set up of the areas, lifestyle of the population, hard to reach areas, are routinely addressed using the PIRI approach. Based on the findings and geographical context of the area a work plan was developed in collaboration with the local district administration units to address these bottlenecks in their specific areas.
5. Data Quality Review (DQR)	Complete and will be uploaded in the Gavi Country Portal
6. Developed Operational Deployment Plan (ODP), delivery, installation, and commissioning of the CCEOP	Based on the operational deployment plan, 116 SDD and 118 ILR of CCEOP and the 26 SDD JICA supported refrigerators are delivered based on the ODP and completed according the schedule. At this time all are functional at service level.

7. Integrated supportive supervision of EPI and IDSR unit	Using Open Data Kit (ODK) integrated supportive supervision has been conducted at national and subnational levels to improve the quality of EPI service on vaccine and cold chain management and VPD surveillance.
Additional significant IRC / HLRP recommendations (if applicable)	Current status
Not applicable	

Prioritised actions from previous Joint Appraisal are already mentioned in table above and they have either been implemented according to the HSS work plan, or some are in progress as described in Section 5.1 of this JA update.

EPI data management system is fully integrated with HMIS which shortly upgraded to DHIS2. The expansion and use of DHIS2 as of now is at the Zoba level with plans to expand to the district level. This expansion will be implemented once the district management offices are well organized and fully functional. Routine use of DHIS2 is expected to improve the overall data management system in the health sector. EPI is actively addressing data quality issues at zonal and district levels by arranging peer data reviews to ensure that quality data is available for decision making and planning purposes.

A comprehensive data quality assessment was done in 2018 with support from WHO, and based on the findings, an improvement plan has been developed to address the identified gaps. The data quality assessment survey was conducted at national level, sub national levels and at service delivery levels in 2019. The assessment survey was conducted with the help of two external experts. WHO developed tools were used to assess systems, conduct data desk reviews and data verification. A comprehensive report and data quality improvement plan was also developed. The key recommendations were:

- Conduct integrated supervision visits with the other programs such as TB, HIV, Malaria and ANC
- Establish a health data warehouse/health observatory
- Update a framework for continued training of data handling to the staff at the health facility, and develop guidelines for the training framework
- Add missing elements in the integrated supervision checklist which are considered important which had not been mentioned such as data quality issues, completeness of data report and data user for action at service level.
- Carry out regular supervision visits focused on data quality and develop accompanying SOPs
- Put in place HMIS offices at the Sub-Zoba level to receive all data from health facilities

Data management supportive supervision is already included in the integrated monitoring visits of health programs. A lack of feedback mechanisms is one of the key gaps identified that will need to be strengthened to contribute to improve immunization services.

NB. Full report of the DQR will be uploaded on the country portal for reference.

7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year and requested modifications to Gavi support:

Using HSS II and VIG support from GAVI, the Ministry of Health has planned to develop/update the following documents:

1. Health Sector Strategic Development Plan (HSSDP) 2022-2026
2. EPI cMYP 2022-2026.
3. Full Portfolio Planning for Gavi HSS3, also covering 2022-2026.

The priority action points for 2020 are briefly described below:

- ❖ Effective Vaccine Management (EVM) assessment: Eritrea conducted the EVM assessment in 2017. Based on the assessment outcome, the country is required to develop an improvement plan which addresses the identified gaps on vaccine and cold chain management in order to have equitable, accessible and quality immunization services in all localities and levels. Since the previous assessment lasted about 4 years, there is a requirement to carry out EVM assessment in 2020 to verify that the country is on track to meet the 9 WHO criterion at all levels.
- ❖ Conduct EPI coverage survey in the 1st quarter of 2020: The most recent EPI coverage survey was conducted in March 2017, targeting age group 12-23 months age i.e. of 2015 coverage. The country has not carried out population census to come-up with the actual population figures of each districts. As a result routine administrative coverage data from districts has many discrepancies because of the doubtful denominator. To this regard, there is a need to conduct an EPI coverage survey every 2-3 years to determine the actual achievement of the districts.
- ❖ Implementation of Periodic Intensified Routine Immunization services in areas with less access and among nomadic population groups in the Western and Eastern low lands of Eritrea to sustain high immunization coverage and equity. In Eritrea hard to reach areas and nomadic population groups are mapped and periodic visits are conducted to reach these hard to reach areas every 3 months to vaccinate the unreached children. This approach should repeated on a yearly basis to sustain high coverage and equity.
- ❖ Submission of an application for the Introduction of Humana Papilloma Vaccine (HPV) into routine immunization services for girls age 9-14 years.
- ❖ EPI Peer Data Quality Review at sub national level for data quality improvement: In 2018, the EPI data desk peer review was conducted at district level by collecting all the EPI reporting tools and cross checking of the reported summary sheet against the daily tally sheets to address discrepancies, under reporting, over reporting and other data errors. Findings were used to contribute to the data improvement plan. This plan should continue every year to improve the quality of immunization data.
- ❖ Cold Chain Equipment (CCE) assessment to identify storage capacity gaps and replace obsolete refrigerators at service level: In 2019, using the CCEOP application, the country was beneficiary of 116

SDD and 118 ILLR. These all are distributed and installed according the ODP. Cold chain inventory will be conducted in 2020.

Switch plan of MR 10 doses vial into MR 5 doses vial to minimize wastage rate of the vaccine: Eritrea has a plan to switch to 5 doses/vial MR vaccine to minimize wastage rate. The country has already acquired the required net storage capacity for the 5 dose vial.

Key finding / Action 1	Effective Vaccine Management (EVM) assessment
Current response	An EVM improvement plan was developed following the recommendations from the 2016 EVM assessment.
Agreed country actions	Conduct EVM assessment at all levels, to determine that the country has sustained the WHO Immunization Maturity grid matrix
Expected outputs / results	Implementation of EVM at all levels and reveal the actual status of the country
Associated timeline	1-15 August, 2020
Required resources / support and TA	Recruitment of one EPI logistic expert from abroad for one month
Key finding / Action 2	Introduction of Humana Papilloma Vaccine into routine immunization services for girls age 9-14 years.
Current response	Incidence of Cervical Cancer increasing in women of reproductive age group in the country. The Ministry of Health planned to introduce HPV vaccine for girl's age 9-14 years at all zobas.
Agreed country actions	Introduction of HPV vaccine and early screening and appropriate action.
Expected outputs / results	Reduce morbidity and mortality of WRAG due to cervical cancer
Associated timeline	1 st July 2020
Required resources / support and TA	External consultant to provide ToT on introduction of HPV vaccine
Key finding / Action 3	<p>Service Delivery: Integrated outreach service</p> <p>Output Indicator</p> <p>Number of regular integrated outreach services provided in areas with less access to improve equity and quality of immunization services and other maternal health package</p> <p>Baseline 150/450 (33.3%)</p>
Current response	<p>Current Response</p> <p>250/450 (55.5%)</p>

Agreed country actions	<p>Agreed Country Actions</p> <p>Implementation of Periodic Intensified Routine Immunization services in areas with less access and nomadic population groups in Western and Eastern low lands of Eritrea to have equitable and accessible immunization services.</p> <p>400/450 (88.9%)</p>
Expected outputs / results	Improved access for timely uptake of vaccine doses on the EPI services in communities living in areas with less access
Associated timeline	<p>Time Frame</p> <p>From January 1st, 2020 to December 31st, 2020</p>
Required resources / support and TA	None
Key finding / Action 4	EPI Peer Data Quality Desk Review at sub national level for data quality improvement
Current response	EPI data desk review at district level carried out in 3 zobas (Gash Barka, Maekel and Northern Red Sea Zones) showed improvement in timeliness, competence and data use for action.
Agreed country actions	Conduct EPI data desk review in the remaining 3 zobas
Expected outputs / results	Improved reported data quality and data use for action.
Associated timeline	1-30 July, 2020
Required resources / support and TA	None
Key finding / Action 5	Conduct EPI coverage survey in the 1st quarter of 2020
Current response	EPI coverage survey will be carried out in the 1 st quarter of 2020 integrated with Men-A vaccination post coverage survey.
Agreed country actions	Conduct EPI coverage survey using latest WHO survey methodology
Expected outputs / results	EPI coverage conducted and the actual coverage of each sub zoba revealed
Associated timeline	1 st quarter of 2020
Required resources / support and TA	Technical support from partners

8. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

Instead of a full JA, Eritrea opted for a JA update as agreed with Gavi. This is because the country will begin its Full Portfolio Planning in Q3-Q4 of 2020 to design the next 5 year strategy for HSS planned to begin in 2021. The writing team for the JA Update Report included representatives

from different departments within the MoH, and from WHO and UNICEF country offices. The JA draft report was shared with the ICC members who have been working technically in advance on the document. A one day consensus meeting was held to present key accomplishments and proposed recommendations (including reprogramming actions). During the meeting, the document was submitted for endorsement by those who attended the meeting (since most were members of either their ICC or the technical working committee).

9. ANNEX: Compliance with Gavi reporting requirements

	Yes	No	Not applicable
End of year stock level report (due 31 March) *	✓		
Grant Performance Framework (GPF) * reporting against all due indicators	✓		
Financial Reports *	✓		
Periodic financial reports	✓		
Annual financial statement	✓		
Annual financial audit report	✓		
Campaign reports *	✓		
Supplementary Immunisation Activity technical report	✓		
Campaign coverage survey report	✓		
Immunisation financing and expenditure information	✓		
Data quality and survey reporting	✓		
Annual data quality desk review	✓		
Data improvement plan (DIP)	✓		
Progress report on data improvement plan implementation		✓	
In-depth data assessment (conducted in the last five years)	✓		
Nationally representative coverage survey (conducted in the last five years)	✓		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	✓		
CCEOP: updated CCE inventory	✓		
Post Introduction Evaluation (PIE) (specify vaccines):		✓	
Measles & rubella situation analysis and 5 year plan		✓	
Operational plan for the immunisation programme	✓		
HSS end of grant evaluation report			✓
HPV demonstration programme evaluations			✓
Coverage Survey			✓
Costing analysis			✓
Adolescent Health Assessment report		✓	
Reporting by partners on TCA			

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

The activities or documents in the NO section in the above table are not relevant or not related to the present date.